



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pa	atent Application of)					
Rainer	HINTSCHE)	Group Art Unit: 1723				
Application No.: 09/900,924)	Examiner: Ana M. Fortuna				
Filed:	July 10, 2001		Confirmation No.: 8712				
For:	SENSOR AND/OR SEPARATING ELEMENT AND PROCESS FOR THE PRODUCTION AND USE THEREOF)))	RECEIVED FEB 2 4 2003 TC 1700				
	RESPONSE TO RESTRICTION REQU	IRE	EMENT TRANSMITTAL LETTER				
	nt Commissioner for Patents gton, D.C. 20231						
Sir:							
En	closed is a reply for the above-identified pa	ent	application.				
[]							
[]	A Terminal Disclaimer and a check for [] \$55.00 (2814) [] \$110.00 (1814) to cover the requisite Government fee are also enclosed.						
[]	Also enclosed is						
[]	Small entity status is hereby claimed.						
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$375.00 (2801) [] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).						
	[] Applicant(s) previously submitted _ requested.	_, c	on, for which continued examination is				
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
[]	A Request for Entry and Consideration o (146/246) is also enclosed.	f Su	abmission under 37 C.F.R. § 1.129(a)				
[X]	No additional claim fee is required.						

Amendment/Reply Transmittal Letter Application No. <u>09/900,924</u> Attorney's Docket No. <u>015200-066</u>

[] An additional claim fee is required, and is calculated as shown below:

| FEB 24 2003

	TANIBINDED	CLAIM	S	- 7		
No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE		
	MINUS =		× \$18.00 (1202) =			
	MINUS =					
ultiple depend	ent claims, add \$28	0.00 (1203)	1 40 1100 (1201) =			
	, , , , , , , , , , , , , , , , , , , ,	(1203)				
If small entity status is claimed, subtract 50% of Total Amendment Fee						
	CLAIMS ultiple depend	No. OF CLAIMS PREVIOUSLY PAID FOR MINUS = MINUS = ultiple dependent claims, add \$28 claimed, subtract 50% of Total A	No. OF CLAIMS PREVIOUSLY PAID FOR MINUS = MINUS = ultiple dependent claims, add \$280.00 (1203)	No. OF CLAIMS PREVIOUSLY PAID FOR MINUS =		

[]	A claim fee in the ar	nount of \$ is enclosed	
[]	Charge \$	to Deposit Account No. 02-4800	

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

Christopher L. North, Ph.D. Registration No. 50,433

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Date: February 19, 2003